

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/526300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1	1				
4						
5						
6						
7	1					
8	1	1				
9						
10	1	1				
11	1	1				
12	1					
13		1				
14	2					
15	1					
16	1	1				
17	1	1				
18	1					
19		1				
20	1		1			
21	1		1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
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49						
50						
TOTAL IND.	7		5			
TOTAL DEP.	15	←	13	←		←
TOTAL CLAIMS	22	[REDACTED]	18	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						